



## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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22907 7590 11/18/2005

BANNER & WITCOFF  
1001 G STREET N W  
SUITE 1100  
WASHINGTON, DC 20001

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01/24/2006 MBEYENE2 00000059 190733 09811870

01 FC:1504 300.00 DA  
02 FC:2501 700.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/811,870	03/21/2001	Philip A. Cole	01107.00108	8634

TITLE OF INVENTION: BISUBSTRATE INHIBITORS OF KINASES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	02/21/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
STEADMAN, DAVID J	1656	536-026260

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Banner & Witcoff, Ltd.

2. \_\_\_\_\_

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

Mount Sinai School of Medicine  
Johns Hopkins University

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

New York, New York, U.S.A.  
Baltimore, Maryland, U.S.A.Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

- ☐
- Issue Fee
- 
- ☐
- Publication Fee (No small entity discount permitted)
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- ☐
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- ☒
- The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number
- 19-0733
- (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐
- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date January 23, 2006Typed or printed name Sarah A. KaganRegistration No. 32,141

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